



Creating Equity for Clients Seeking Safety: Substance Abuse in Domestic Violence Programs

Shirley Gedney-Rubel
Counseling Department
University of Bridgeport, Bridgeport, CT

Abstract

Intimate partner violence (IPV) and substance abuse (SA) are issues that affect all segments of society. Research supports that IPV and SA often co-occur in domestic violence (DV) survivors, yet DV programs lack the resources to adequately address both issues. While agency intake forms often assess for substance use, there is little follow-up during advocacy and counseling services. Many shelters will reject or discharge clients who are actively using. In order to better serve DV survivors, agency staff could be trained in short assessment and brief interventions for substance use/abuse. The literature supports that brief interventions are successful in harm reduction and increase the likelihood that individuals will seek treatment. Therefore, this research proposes that in order to deliver continuity of care for all DV survivors, programs should provide additional training of staff in evidence-based practices.

Main Arguments

High percentage of DV survivors have substance abuse issues

The literature reports 25% of women experience domestic violence (DV) at some point in their lifetimes (Macy, et al., 2013). Estimates ranging from 3% to 85% of DV program clients also have, or are in recovery from, substance abuse (Fowler, 2007; Martin, et al., 2008; Ogle & Baer, 2003; Schumacher & Holt, 2012). In a study by Martin et al. (2008), 98% of shelters reported at least some of their clients as having substance abuse problems.

Shelters reject or discharge actively using domestic violence clients

Many programs will deny entry to a victim who admits to actively using substances during initial screening and discharge an intoxicated resident from the emergency shelter for the safety of staff, other clients, and any children residing there, often leaving survivors with few options (Martin, et al., 2008; Schumacher & Holt, 2012).

Injustice in the system that does not value all victims of DV equally

DV clients who present with active substance abuse are often viewed as inappropriate for shelter, forcing victims to remain with their abusers or become homeless (Martin, et al., 2008). Essentially, these clients are told their safety is not important. While DV programs face many challenges including limited funding, staff retention, and bed shortages, this is nevertheless a social injustice that demands a resolution.

Program staff are not adequately trained for assessment and intervention

For many programs, assessment of substance abuse consists of a few questions at intake with little follow-up during service provision, and some staff avoiding the issue of substance abuse altogether, perhaps due to a lack of expertise and/or resources (Macy, et al., 2013; Ogle & Baer, 2003).

Evidence-based brief interventions for harm reduction can be implemented to address the gap in service

Several brief substance use assessment tools such as CAGE-AID are easy to use and score (Fowler, 2007). Ogle and Baer (2003) argue that brief interventions such as FRAMES (Feedback, Responsibility, Advice, Menu, Empathy, Self-efficacy) and motivational interviewing can be useful for reducing risky behaviors and increasing motivation to seek substance abuse treatment.

Conclusion

- The literature supports that substance use and abuse among DV survivors is significant. Addressing both issues in DV programs increases clients' safety, self-esteem, and self-efficacy.
- Inequality is a social justice issue. Inconsistencies in service delivery for DV victims with substance abuse, who often have limited resources and support, increases the likelihood they will stay with their abusers and continue to use substances. This inequity further burdens the social service, health care, and legal systems, and damages families and communities.
- Accepting clients who present with substance abuse problems into shelter will assure equal opportunity for all clients. Training staff to be aware of and knowledgeable in substance abuse assessment and brief interventions will help to correct the gap in services for this underserved population.



Key Questions

- How prevalent is substance use and abuse among survivors of domestic violence?
- Are domestic violence survivors with co-occurring substance abuse being served in an equitable capacity?
- How can domestic violence programs address the inequity of service provision for clients with co-occurring domestic violence and substance abuse?



References

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